Are Your Family’s Vaccines Up-to-date?
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Feeding Your Family Right on a Budget:
How to Plan and Shop Smart page 12

Finding Fitness:
Ideas and Resources to Help Families Get Active page 18

When Things Aren’t Perfect:
Caring for Yourself and Your Children page 22
Welcome to *Healthy Children* magazine! *Healthy Children* magazine is the only magazine for parents backed by 66,000 pediatricians committed to the optimal physical, mental, and social health and well-being of all infants, children, adolescents, and young adults. It is published by the American Academy of Pediatrics.

This Fall 2016 edition focuses on healthy families. Healthy, active living, and well-being, is important for everyone. As parents and caregivers, you play a key part in your children’s health. You can

- Make sure your children’s immunizations are current.
- Offer healthy meals.
- Find ways to keep your children active each day.
- Make sure to care for mental health needs.
- Stay healthy too. And keep in mind that you are an important role model!

Here are highlights of what’s in this issue.

“Are Your Family’s Vaccines Up-to-date? Immunizations From Birth to Adulthood” includes easy-to-read versions of the 2016 recommended immunization schedules from the Centers for Disease Control and Prevention.

“Feeding Your Family Right on a Budget” offers tips on how families can plan and shop for healthy foods on a budget. There is also a list of resources, such as the USDA Nutrition Assistance Programs, for families in need of extra help.

“Finding Fitness: Ideas and Resources to Help Families Get Active” explains why regular physical activity is good. Also included are tips on how families can overcome common obstacles. Print out and make copies of the physical activity plan for each family member. Browse the many programs and activities that offer options for all families.

“When Things Aren’t Perfect: Caring for Yourself and Your Children” highlights what experts have learned about the long-term effects of stress during childhood on adulthood. Links to videos by Ken Ginsburg, MD, FAAP, author of *Building Resilience in Children and Teens: Giving Kids Roots and Wings*, 3rd Edition, cover many topics on how to build resilience in children and teens. Also, learn more about what pediatricians are doing about poverty and child health.

“Your Child’s Mental Health: When to Seek Help and Where to Get Help.” Remember, your child’s mental health is as important as your child’s physical health.

Best regards,

Benard P. Dreyer, MD, FAAP
President
American Academy of Pediatrics
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Design: Wild Onion Design, Inc.

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Vaccinating Pregnant Women Against the Flu Protects Their Infants

Infants born to pregnant women vaccinated against the flu during pregnancy are significantly less likely to have flu-like illnesses. The study, “Influenza in Infants Born to Women Vaccinated During Pregnancy,” in the June 2016 issue of Pediatrics examined the vaccination status of 245,386 women and rates of flu-like illnesses in their 249,387 infants. The authors report a 64% risk reduction for flu-like illnesses, a 70% reduction in laboratory-confirmed influenza, and an 81% decrease for influenza hospitalizations during the first 6 months of life for these infants. In addition, the authors report that 97% of all lab-confirmed influenza cases occurred in infants born to women who did not report getting a flu vaccine during pregnancy. They conclude that the study strengthens evidence that vaccinating pregnant women provides flu protection to infants during their vulnerable first 6 months of life when they are not old enough to receive the flu vaccine themselves and should be a public health priority.

CDC Outlines Ways to Prevent, Diagnose, and Treat Children With Zika Virus Disease

Noting the rapid spread of the Zika virus, an article published in the May 2016 edition of Pediatrics offers health care providers guidance on how to recognize, test, and treat children who show signs of infection. Diagnosis can be challenging, based on limited data that show that most infants and children with Zika virus display mild symptoms that resemble common childhood illnesses, according to the report, “Zika Virus Disease: A CDC Update for Pediatric Health Care Providers,” by the US Centers for Disease Control and Prevention. No vaccine is available to prevent infection with the virus, which is typically spread by mosquitoes and has also been reported to occur through sexual transmission from male partners. The Zika virus has been associated with birth defects, including microcephaly, with warnings issued for pregnant women to postpone travel to areas where local Zika virus transmission has been reported. Children and adults who contract the virus may show symptoms of fever, rash, joint pain, or conjunctivitis. Health care providers should suspect mosquito-borne transmission of Zika virus infection in children who have traveled to or resided in an affected area within the past 2 weeks and exhibit at least 2 symptoms. Treatment consists of supportive care, including rest and fluids.
Increased Electronic Cigarette Use Among Youth Linked to Advertisement Exposure

There is a link between exposure to e-cigarette advertisements and the use of e-cigarettes by middle and high school students, according to a new study published in the May 2016 issue of Pediatrics. The study, “Exposure to Advertisements and Electronic Cigarette Use Among U.S. Middle and High School Students,” found that the greater the exposure to e-cigarette advertisements among middle and high school students, the greater the odds of current e-cigarette use. Between 2011 and 2014, the percentage of middle school students who used e-cigarettes in the past 30 days increased to nearly 4%, up from 0.6%. The percentage of high school students who used e-cigarettes rose to more than 13%, up from 1.5%, during the same period. Even though traditional cigarette advertising has been banned from television since 1971, e-cigarette advertising remains unregulated at the federal level. Between 2011 and 2014, estimated e-cigarette advertising expenditures increased from $6.4 million to $115 million nationally. E-cigarettes typically contain tobacco-derived nicotine, which is highly addictive, could lead to sustained tobacco use, and may cause lasting harm to brain development among youth. The study authors recommend comprehensive tobacco prevention and control strategies addressing all forms of tobacco use, including e-cigarettes, to reduce e-cigarette use and exposure to e-cigarette advertising among youth.

Children’s Diet Quality Improves With Changes in Federal WIC Program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package was revised in 2009 to include a shift to low-fat milk rather than whole milk, and the addition of more fruits, vegetables, and whole grains. This resulted in an improvement in the quality of the diets of low-income children, according to an April 2016 study published in Pediatrics. The sweeping changes to the WIC program, the first that had been made in decades, were based on recommendations by the Institute of Medicine, according to the analysis "Revised WIC Food Package and Children’s Diet Quality." In particular, the study showed significant improvement for consumption of green vegetables and beans in these children. The other areas for which WIC has put in important efforts—increased consumption of whole fruits rather than fruit juice, increased whole grains—all show trends in the right direction.

The findings suggest that changes to the WIC program were associated with a significant improvement in diet quality among children ages 2 to 4 nationwide. The results are consistent with earlier findings suggested by regional studies, according to the report.
People are exposed to lead from a variety of sources, including drinking water. Here is a list of questions from parents about lead in tap water and the safety of their drinking water. Please read this information closely, and remember to talk with your child’s doctor if you have any more questions or concerns.

Note: This information applies to most situations and most of the population. Individual circumstances may vary. Your local water authority is always your first source for testing and identifying lead contamination in your tap water.

Why is lead a problem?

Lead is a common metal that can be found around us in lead-based paint, air, soil, household dust, food, certain types of pottery, porcelain, pewter, and tap water. High levels of lead in tap water can cause health effects if the lead the water enters the blood and causes high blood lead level. It can cause damage to the brain and kidneys and can interfere with the production of red blood cells that carry oxygen to all parts of the body.

Quick Tip

The AAP recommends all children be screened at 1 and 2 years of age for lead exposure.

Does lead affect everyone equally?

No, the greatest risk from lead is to infants, young children, and pregnant women. In children, lead can also lead to impaired mental and physical development, and hearing problems. Infants who drink formula prepared with lead-contaminated water may be at a higher risk because of the large amount of water they drink relative to their body size.

How could lead get into my home’s tap water?

Measures and laws taken during the last 20 years have greatly decreased exposures to lead in tap water. Even so, lead can still be found in some metal water taps, interior water pipes, or pipes connecting a house to the main water pipe in the street. Lead found in tap water usually comes from the decay of older fixtures or from the solder that connects pipes. When water sits in leaded pipes for several hours, lead can trickle into the water supply.
How do I know if my tap water is contaminated with lead?

The only way to know whether your tap water contains lead is to have it tested. You cannot see, taste, or smell lead in water. Therefore, you must ask your water provider whether your water has lead in it. For homes served by public water systems, information on lead in tap water may be available from your local water authority. If your water provider does not post this information, you should call and find out.

What if I have well water?

Well water should be tested for lead when the well is new and tested again when a pregnant woman, an infant, or a child younger than 18 years moves into the home.

If my water has high lead levels, is it safe to take a bath or shower?

Yes. Bathing and showering should be safe for you and your children, even if the water contains lead over the Environmental Protection Agency (EPA) action level of 15 ppb. Human skin does not absorb lead in water.

If my water has high lead levels, should I buy bottled water?

For homes with children or pregnant women and with water lead levels over the EPA action level of 15 ppb, the Centers for Disease Control and Prevention (CDC) recommends using bottled water or water from a filtration system that has been certified by an independent testing organization to reduce or eliminate lead for cooking, drinking, and baby formula preparation. Because most bottled water does not contain fluoride, a fluoride supplement may be necessary. Discuss this with your child’s doctor.

To submit questions or comments to HealthyChildren.org, e-mail info@healthychildren.org.
One of the most important things parents can do to protect their children’s health is to make sure their children are getting all the recommended vaccines. Children also need their parents to be healthy, so parents need to make sure their immunizations are up-to-date too. Here is a summary of recommended vaccines by age group.

**PREGNANT WOMEN**

Vaccines are an important part of a healthy pregnancy. Women should be up-to-date on their vaccines before becoming pregnant. The Tdap (tetanus, diphtheria, pertussis) vaccine should be given with each pregnancy to protect against pertussis (whooping cough) preferably at 27 through 36 weeks. Influenza vaccine is also recommended. Tdap and influenza vaccines protect against serious diseases and prevent moms from passing diseases on to their babies after birth.

**ANYONE OLDER THAN 6 MONTHS**

All children 6 months and older should get the flu vaccine each year to protect against seasonal flu. Some children may need 2 doses. A yearly flu vaccine is also recommended for all adults.
INFANTS AND CHILDREN

Babies receive vaccinations that help protect them from 14 diseases by 2 years of age. It is very important that babies receive all doses of each vaccine on time. After 2 years of age, children are due for additional vaccine doses between 4 and 6 years of age.

2016 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age</th>
<th>HepB</th>
<th>RV</th>
<th>DTaP</th>
<th>Hib</th>
<th>PCV</th>
<th>IPV</th>
<th>MMR</th>
<th>Varicella</th>
<th>HepA</th>
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<tbody>
<tr>
<td>Birth</td>
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<td>1 month</td>
<td>HepB</td>
<td>RV</td>
<td>DTaP</td>
<td>Hib</td>
<td>PCV</td>
<td>IPV</td>
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<td>2 months</td>
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NOTE: If your child misses a shot, you don’t need to start over, just go back to your child’s doctor for the next shot. Talk with your child’s doctor if you have questions about vaccines.

FOOTNOTES:

- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk, should be vaccinated against HepA.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFo (1-800-232-4636) or visit http://www.cdc.gov/vaccines

American Academy of Family Physicians
Strong Medicine for America

American Academy of Pediatrics
Dedicated to the Health of All Children

American Academy of Pediatrics
Dedicated to the Health of All Children
### 2016 Recommended Immunizations for Children 7-18 Years Old

#### Talk to your child’s doctor or nurse about the vaccines recommended for their age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Flu</th>
<th>Tdap Tetanus, diphtheria, pertussis</th>
<th>HPV Human papillomavirus</th>
<th>Meningococcal</th>
<th>Pneumococcal</th>
<th>Hepatitis B</th>
<th>Hepatitis A</th>
<th>Inactivated Polio</th>
<th>MMR Measles, mumps, rubella</th>
<th>Chickenpox Varicella</th>
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</thead>
<tbody>
<tr>
<td>7-8 Years</td>
<td>Green</td>
<td>Green</td>
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<tr>
<td>9-10 Years</td>
<td>Green</td>
<td>Green</td>
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<tr>
<td>11-12 Years</td>
<td>Green</td>
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<td>13-15 Years</td>
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<tr>
<td>16-18 Years</td>
<td>Green</td>
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</tbody>
</table>

**More information:**
- Preteens and teens should get a flu vaccine every year.
- Preteens and teens should get one shot of Tdap at age 11 or 12 years.
- Both girls and boys should receive 3 doses of HPV vaccine to protect against HPV-related disease. HPV vaccination can start as early as age 9 years.
- All 11-12 year olds should be vaccinated with a quadrivalent meningococcal conjugate vaccine (MenACWY) at age 11 or 12 years. A booster dose of MenACWY vaccine is recommended at age 16.
- Teens, 16-18 years old, may be vaccinated with a MenB vaccine.

**quick tip:**
- Grandparents need up-to-date immunizations too!

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).

This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.

### Preteens and Teens

Preteens and teens need Tdap (tetanus, diphtheria, pertussis) vaccine, HPV (human papillomavirus) vaccine, and quadrivalent meningococcal conjugate vaccine to protect against these serious diseases. Some teens should also get meningococcal B vaccine.
FACTS ABOUT HUMAN PAPILLOMAVIRUS (HPV)

Here are excerpts from the Centers for Disease Control and Prevention (CDC) handout “Addressing Parents’ Top Questions about HPV VACCINE.”

• HPV vaccine is important because it prevents cancer.
• Certain HPV types can cause cancer of the cervix, vagina, and vulva in females; cancer of the penis in males; and in both females and males, cancers of the anus and the throat.
• HPV is a very common and widespread virus that infects both females and males.
• HPV vaccination works best at the recommended ages of 11 or 12 years.
• HPV vaccine is safe and effective. It has been carefully studied for many years by medical and scientific experts.
• Vaccines, like any medication, can cause side effects. With HPV vaccination this could include pain, swelling, and/or redness where the shot is given, or possibly headache.
• Numerous research studies have shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

HealthyChildren.org/WhyIVax

I want to protect my baby’s body.
“We know firsthand the stress that comes with hoping that a very small child doesn’t get very sick. My son was born with a congenital heart defect and spent time in the NICU and later in the hospital after surgery—all during flu season—all before he was more than 3 months old. My daughter, who was only 14 months old when her brother was born, was not only vaccinated, but learned a great deal about handwashing and other healthy habits, because we all had to do our best to protect our little one.”
— Sara Nolan, Mom

I trust my baby’s doctor.
“A quick needle poke is much less damaging to an otherwise happy, healthy life than measles, mumps, polio, etc. By vaccinating, we are most definitely protecting those who need extra security. We vaccinate because we trust our doctors. We trust science. We trust research. We trust the experts. Thank you biologists, researchers, doctors, nurses, and all others who are helping eradicate diseases.”
— Lisa Giles, Mom

I value caring for my community.
“I vaccinate not only to protect the health and future of my wonderful boy but to protect the vulnerable in my community. The very young and the old need us to protect them against these awful, sometimes fatal, illnesses. I tell him it’s like the sheriff putting up a wanted poster so his body knows what the bad guys look like and can fight them off as soon as it sees them.”
— Victor Lewis, Dad

I value caring for my baby.
“I vaccinate because I want to keep my children safe. It’s the same reason that they wear helmets and seat belts.”
— Kelly Hargraves, Mom

These parent testimonials are part of the American Academy of Pediatrics #WhyIVax campaign in recognition of National Infant Immunization Week, which is held in April every year.
## ADULTS

Every adult should get the Tdap (tetanus, diphtheria, acellular pertussis) vaccine once if they did not get it as a teen, to protect against pertussis (whooping cough), and then a Td (tetanus, diphtheria) booster shot every 10 years. Every adult should get influenza vaccine each year. Adults may need other vaccines—such as shingles, pneumococcal, hepatitis, HPV—depending on their age, occupation, travel, health status, vaccination history, and other risk factors. 😊

For more information, visit [www.HealthyChildren.org/Immunizations](http://www.HealthyChildren.org/Immunizations).

### 2016 Recommended Immunizations for Adults: By Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Flu Vaccine</th>
<th>Td/Tdap</th>
<th>Shingles/Varicella</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
<th>MMR</th>
<th>HPV</th>
<th>Chickenpox</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hib</th>
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</thead>
<tbody>
<tr>
<td>19 - 21 years</td>
<td>You should get the flu vaccine every year.</td>
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<tr>
<td>22 - 26 years</td>
<td>You should get a Td booster every 10 years. You also need 1 dose of Tdap vaccine. You should get a Tdap vaccine during every pregnancy to protect the baby.</td>
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<tr>
<td>27 - 49 years</td>
<td>You should get shingles vaccine even if you have had shingles before. You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.</td>
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<tr>
<td>50 - 59 years</td>
<td>You should get the HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.</td>
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<tr>
<td>60 - 64 years</td>
<td>You should get the shingles vaccine if you did not get it when you were a child.</td>
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<tr>
<td>65+ years</td>
<td>You should get the HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.</td>
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</table>

**More Information:**

- **Recommended For You:** This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.
- **May Be Recommended For You:** This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines. Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.
NEW from the AMERICAN ACADEMY OF PEDIATRICS

The Picky Eater Project: 6 Weeks to Happier, Healthier Family Mealtimes
Natalie Digate Muth, MD, MPH, RDN, FAAP, and Sally Sampson, ChopChop magazine
You'll transform your picky eaters into fledgling foodies with help from The Picky Eater Project! It lays out an easy-to-follow, 6-week plan that makes shopping and cooking fun. Sampson, a mother and veteran cookbook author, offers 40 healthy, family-friendly recipes to encourage your whole family to cook together and eat more adventurously. Dr. Muth brings a mom and pediatrician's perspective and addresses the importance of childhood nutrition and family harmony. Helpful tips and a troubleshooting guide enable you to stay on track and foster in your children healthy eating habits to last a lifetime.
Available October 2016.

Understanding the NICU: What Parents of Preemies and Other Hospitalized Newborns Need to Know
Editor in chief: Jeanette Zaichkin, RN, MN, NNP-BC
Contributing editors: Gary Weiner, MD, FAAP, and David Loren, MD, FAAP
Understanding the NICU will guide you through your baby’s NICU journey, helping you communicate with members of the NICU team and learn about your baby’s condition, so you can ask questions and participate as a valuable partner in care. You will find critical knowledge and reassurance in this accessible volume, as well as comforting, inspirational stories from other NICU parents.
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Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Feeding Your Family Right on a Budget:

How to Plan and Shop Smart

You can feed your family healthy meals on a budget but it helps to have a plan. Here are tips from ChooseMyPlate.gov on how to plan and shop on a budget. Try all the tips or start with a few tips. Every effort counts towards feeding your family right!
PLAN

• Figure out how much money you have to spend on food for the week.
  ○ Come up with meal and snack ideas that fit your budget. Check to see what foods you already have.
  ○ Look in your refrigerator, freezer, and cabinets.
  ○ Check grocery sales flyers. See if you can plan a menu based on what is on sale.
  ○ Get to know the stores in your neighborhood. You may find deals at ethnic markets, dollar stores, retail supercenters, wholesale clubs, and farmers markets.
• Find out what fruits and vegetables are in season because they usually cost less. If you can’t get fresh fruits and vegetables, buy frozen or canned.
  ○ Choose healthy snacks such as carrot or celery sticks or cherry tomatoes, low-fat yogurt, pretzels, string cheese, peanut butter on whole-grain crackers, humus and whole-grain crackers or raw vegetables, homemade popcorn, or homemade trail mix.
  ○ Find recipes online or borrow a cookbook from your local library.
  ○ Remember to include foods from the 5 food groups: fruits, vegetables, grains, protein, and dairy.
  ○ Turn leftover food into a new meal. Shred leftover roasted chicken and add it to a salad. Add leftover rice and vegetables (chop them into small pieces) to a can of chicken broth.
  ○ Go meatless a few times a week. Try vegetarian chili or vegetable lasagna. Make a taco salad with beans, green leaf lettuce, salsa, and cheese.
• Make a shopping list. Write down what you need to buy from the grocery store.

SHOP

• Do not shop when you are hungry. Eat before you shop or bring a light snack.
• Buy only what is on your grocery list.
• Try store brands if they cost less.
• Compare unit prices listed on shelves for the best value. If you have a large family to feed or extra freezer space, buy the larger size or family packs if the unit cost is less.
• Check use by or expiration dates. Stores usually stock shelves with the newest items behind the older ones. Reach in the back for the freshest items, especially in the produce, dairy, and meat aisles.
• Ask for a rain check. If a sale item has run out, ask the store for a rain check. You can use the rain check to pay the sale price after the item is restocked.
• Use coupons but only if you need or plan on using an item.
• Sign up for your grocery store’s loyalty program to receive special offers.
• Get to know your grocery store layout. You can save time and money if you buy only what is on your list. Skip the candy, cookie, or chip aisle.
For more information, go to the Healthy Eating on a Budget section on ChooseMyPlate.gov at [www.choosemyplate.gov/budget](http://www.choosemyplate.gov/budget).

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Budget-Friendly and Healthy Options</th>
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| **Fruits and Vegetables** | Find fruits and vegetables in the produce section, frozen foods, and canned and pantry food aisles.  
- Buy produce that is in season. It usually costs less and is at its peak flavor. Buy only what you can use so you don’t end up having to throw out spoiled food.  
- Try canned products. Choose fruit canned in 100% fruit juice and vegetables with “low-sodium” or “no salt added” on the label. These products are just as nutritious as fresh, and often cost less.  
- If you have freezer space, buy frozen vegetables without added sauces or butter. They are as good for you as fresh and may cost less.  
- Canned and frozen fruits and vegetables last much longer than fresh. They can be a quick way to add fruits and vegetables to your meal. |
| **Grains** | Find grains and grain products throughout the store, including the bread, cereal, snack, and pasta and rice aisles.  
- Make half your grains whole grains. Whole grains include whole wheat, brown rice, bulgur, buckwheat, oatmeal, whole-grain cornmeal, whole oats, and whole rye.  
- Check ingredient lists and pick the items that have a whole grain listed first.  
- Pop your own popcorn.  
- Choose hot cereals such as plain oatmeal or whole-grain dry cereal. |
| **Protein** | Find protein foods throughout the store, including the fresh meat case, frozen foods section, dairy case, and canned and pantry food aisles.  
- Low-cost choices include beans and peas, such as kidney beans, split peas, and lentils. These are good sources of protein. Use them in side or main dishes.  
- Buy family-sized or value pack meat and freeze what you don’t use. Choose lean meats such as chicken or turkey. When choosing ground beef, make sure it’s lean (92% lean, 8% fat) ground beef.  
- Try buying canned tuna, salmon, or sardines—they store well and are a low-cost seafood option.  
- Eggs are a low-cost option. They are quick and easy to prepare. Eat them alone hard-boiled or scrambled or add them to other dishes such as fried rice, egg drop soup, or a breakfast burrito. |
| **Dairy** | Find dairy foods in the refrigerated and pantry aisles.  
- Choose low-fat or fat-free milk. They provide just as much calcium, but fewer calories, than whole and 2% milk.  
- Buy the larger size of low-fat plain yogurt. Spoon into smaller containers and add your choice of fruit.  
- Choose cheese that is “reduced fat” or “low-fat.”  
- Always check the sell-by date to make sure you’re buying the freshest dairy products. |
| **Other** | Drink water instead of sodas or other sugary drinks. Tap water is low-cost and has no calories. Use a reusable water bottle.  
- Check out at the lane without the candy or snacks, especially if you have kids with you. |
RESOURCES

USDA Nutrition Assistance Programs

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
The Women, Infants and Children (WIC) program was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. The WIC program provides nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services.

Summer Food Service Program (SFSP)
www.fns.usda.gov/sfsp/summer-food-service-program-sfsp
The Summer Food Service Program (SFSP) ensures that low-income children continue to receive nutritious meals when school is not in session. Nutritious free meals are available for children and teens 18 and younger at many locations throughout the nation throughout the summer, while school is out of session.

Supplemental Nutrition Assistance Program (SNAP)
1-800-221-5689
The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities.

The Emergency Food Assistance Program (TEFAP)
www.fns.usda.gov/tefap/emergency-food-assistance-program-tefap
The Emergency Food Assistance Program (TEFAP) is a federal program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food and nutrition assistance at no cost.

Other Food Programs

Feeding American
www.feedingamerica.org
1-800-771-2303 (national office)
Feeding America is a nationwide network of 200 food banks and 60,000 food pantries and meal programs that provides food and services to people each year.

National Farmers Market Directory
www.ams.usda.gov/local-food-directories/farmersmarkets
Maintained by the USDA Agricultural Marketing Service, the National Farmers Market Directory is designed to provide customers with convenient access to information about farmers market listings to include market locations, directions, operating times, product offerings, accepted forms of payment, and more.

Share Our Strength
www.nokidhungry.org
Share Our Strength’s No Kid Hungry campaign connects children in need with nutritious food and teaches their families how to cook healthy, affordable meals.
Sample Easy and Low-cost Meals From What’s Cooking? USDA Mixing Bowl

**EASY CHICKEN POT PIE**

Cook Time: 45 minutes  
Makes: 6 servings  
Total Cost: $3.47  
Serving Cost: $0.58

**3-CAN CHILI**

Makes: 6 Servings  
Total Cost: $2.27  
Serving Cost: $0.38

With almost no cooking required to prepare this chili, just open cans of beans, corn, and tomatoes, and heat everything together in a pan!

**Ingredients**
- 1 ½ cups frozen mixed vegetables, thawed
- 1 cup cooked chicken, cut-up
- 1 can cream of chicken soup, low-fat (10½ ounce, condensed)
- 1 cup baking mix, reduced-fat (example: Bisquick)
- ½ cup milk (nonfat)
- 1 egg

**Directions**
1. Wash hands and any cooking surfaces.  
2. Preheat oven to 400°F.  
3. Mix vegetables, chicken, and soup in ungreased, 9-inch pie plate.  
4. Stir remaining ingredients in a mixing bowl with fork until blended. Pour over vegetables and chicken in pie plate.  
5. Bake 30 minutes, or until golden brown.  
6. Let cool for 5 minutes and serve.

Source: Colorado State University, University of California at Davis. Eating Smart, Being Active recipes.

**Directions**
1. Place the contents of all 3 cans into a pan.  
2. Add chili powder to taste.  
3. Stir to mix.  
4. Continue to stir over medium heat until heated thoroughly.  
5. Refrigerate leftovers.

**HONEY MILK BALLS**

Makes: 20 servings  
Total Cost: $1.72  
Serving Cost: $0.09

**Ingredients**
- ¼ cup honey  
- ¼ cup peanut butter  
- ½ cup dry milk, nonfat  
- ½ cup cereal (crushed)

**Directions**
1. Mix honey and peanut butter.  
2. Gradually add dry milk and mix well.  
3. Chill for easier handling.  
4. With greased hands, form into small balls.  
5. Roll in crushed cereal flakes.  
6. Chill until firm.  
7. Refrigerate leftovers within 2 hours.

**Notes**
Honey should not be given to children younger than 1 year.


**HUMMUS**

Prep Time: 20 minutes  
Makes: 6 Servings  
Total Cost: $1.83  
Serving Cost: $0.23

**Ingredients**
- 2 cups garbanzo beans (chickpeas), cooked  
- 2 cloves garlic (minced)  
- ½ cup lemon juice  
- 1 tablespoon sesame tahini (sesame paste) or substitute peanut butter for a sweet taste  
- 2 tablespoons olive oil

**Directions**
1. Mash the garbanzo beans until smooth (if you have a blender, put the beans and lemon juice into it and blend).  
2. Add the garlic, lemon juice, tahini, and oil. Mix well.

**Notes**
Serve hummus with fresh raw vegetables, on a piece of pita bread or flour tortilla, on any cracker, or as a sandwich filling on toasted bread.

Source: Simple Healthy Recipes ONIE Project—Oklahoma Nutrition Information and Education.
Finding Fitness: Ideas and Resources to Help Families Get Active

There are many benefits of regular physical activity; however, people often have many excuses for not being more physically active.

Here is information for your family about the benefits of being physically active and how to overcome some obstacles. Each family member can take a step toward becoming more physically active by filling out his or her own physical activity plan.

quick tip
You don’t have to play a sport to be active.
BENEFITS OF BEING PHYSICALLY ACTIVE

Being physically active is one way you can
• Have fun—this is important!
• Spend time with friends.
• Improve your body image.
• Maintain a healthy weight.
• Increase energy levels.
• Improve your self-image.
• Feel stronger.
• Increase your endurance for sport or hobbies.
• Get muscles or definition.
• Decrease stress.

If you don’t like sports or don’t think you are good at any sports, start off with finding ways you can be active.

What you can try
• Try an active hobby, like gardening. You don’t have to play a sport to be active.
• Choose an activity that you enjoy. Dancing, bicycling, and swimming are fun choices. And walking counts too.
• Consider volunteer work, like helping at a youth center or serving meals at a shelter.
• Find a friend, sibling, or other family member to be an “activity buddy” and schedule a fun activity 2 to 3 times a week.

If your neighborhood is not a safe place for your children to play outside, get active indoors or go to a safe place.

What you can try
• Use a workout video at home. Rent a DVD from your library or find an online workout video.
• Dance along to music in your home.
• Find a YMCA, Boys and Girls Club, or community recreation center in your neighborhood.
• Sign your children up for an after-school sports program. Encourage your teens to try a new sport if sports are offered as high school electives.

OVERCOMING COMMON OBSTACLES

Here are some ideas on how to overcome 4 common barriers to physical activity. Some tips are for parents, some tips are for children, and some tips are for the whole family.

If you don’t have time, it’s time to make time.

What you can try
• Build activity into your day.
  ○ Start your day off with 5 minutes of stretching.
  ○ Take extra steps when you can.
    - Walk to school or work.
    - Get off the bus a stop early and walk the rest of the way.
    - Take the stairs more often.
    - Walk in place while waiting in line.
    - Walk around the mall 1 to 2 times before shopping.
• Plan active things to do with friends and family.
• Encourage your children to try sports clubs at school.
• Cut down on the time spent on a computer, playing video games, or watching TV. Use the extra time to do something active.

If you’re out of shape and don’t have the energy to get active, start with small changes that you can build on.

What you can try
• Start slow with 10 to 15 minutes of activity. Walking is a great start.
• Build short activity breaks into your day. Take the stairs!
• Count up your daily sit-down activities (computer, video games, TV time) and decrease them by 30 minutes.
• Join an after-school program or community program that involves activity or learning a new skill—get a friend to go with you.
Physical Activity Plan

Each member of the family can use the following questions to help create a personal physical activity plan. Parents can help their children fill out the questions. Parents should also remember that they can be powerful role models and can shape their children’s view of physical activity and exercise.

1. What are the main benefits I want from being physically active?

2. What are the reasons or barriers that keep me from being active?

3. If needed, what will be my solutions to these barriers?

4. What activity or activities am I going to do?

5. Where am I going to do this activity?

6. When am I going to be active (include time of day and on which days of the week)?

7. How long or how many minutes will I be active each day?

8. Who will be my activity buddy?
RESOURCES FOR ALL BUDGETS

Let’s Move
Let’s Move! is a comprehensive initiative, launched by the first lady, dedicated to solving the problem of obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams.

Let’s Move Outside
www.letsmove.gov/where-go

• National Wildlife Federation
  www.nwf.org
  Nature and outdoor events.

• US Forest Service
  www.discovertheforest.org
  Forests and parks.

• Map of Play (Find a local playground.)
  https://mapofplay.kaboom.org
  KaBOOM! envisions a great place to play within walking distance of every child. The Map of Play is a searchable tool and a way to gather data about the location and quality of playgrounds.

Boys and Girls Club of America
www.bgca.org
1-800-854-CLUB
The Boys and Girls Club of America is a place where all young people, especially those in need, are encouraged to reach their full potential as productive, caring, responsible citizens. Sports, fitness, and recreation programs help develop fitness, a positive use of leisure time, reduction of stress, appreciation for the environment, and social and interpersonal skills.

Y (YMCA)
www.ymca.net
1-800-872-9622 (domestic); 312/977-0031 (international)
Strengthening community is the Y’s cause. The Y focuses their work in 3 areas: 1. Youth Development—nurturing the potential of every child and teen. 2. Healthy Living—improving the nation’s health and well-being. 3. Social Responsibility—giving back and providing support to our neighbors.

Museums for All
http://childrensmuseums.org/participating-museums
Families can spend time together walking (being active) and learning at a museum. Museums for All helps museums across the country reach out to low-income families. The program encourages families of all backgrounds to visit museums regularly. 😊
KIDS ARE RESILIENT...

We hear that message a lot: “Kids are resilient.” We usually hear it when hard things have happened—divorce, violence in the community, death of a loved one, and the list goes on.

These events can cause a lot of stress for some children, and when kids don’t have the right amount of support, the events can cause damage. As we learn more about how children’s brains develop, we understand that ongoing stressful experiences can cause real damage to the brain and to children’s overall physical and mental health and well-being—even into adulthood.

The Adverse Childhood Experiences Study (ACE Study) shows us that diseases like diabetes, high blood pressure, obesity, substance abuse, and others are much more common in adults who experienced serious adversity when they were children. The greater number of adverse childhood experiences (ACEs), the more likely adults will develop poor health outcomes. There are a number of different factors that play a role in how children will respond to the stress.

“When Things Aren’t Perfect: Caring for Yourself and Your Children

“Resilience means being able to adapt and cope with stress in a way that helps you get better at handling stressful situations in the future.”
STRESS AND THE BODY

The human body is designed to handle some stress. Some stress, like the first day of kindergarten or working on a big school project, can actually be positive and help kids develop resilience. Resilience means being able to adapt and cope with stress in a way that helps you get better at handling stressful situations in the future.

Sometimes children’s stress responses can be very harmful, especially without the presence of caring and supportive adults in their lives. When children experience a very stressful situation once or are exposed to a chronically stressful environment, the body’s natural way of dealing with stress (the fight, flight, or freeze response) can become harmful. When this happens, it results in something we call toxic stress—which can lead to behavior challenges, sickness, and mental health issues.

Children can be protected from this toxic stress through the loving and supportive adults around them, especially parents or caregivers, who can reassure them and help them heal after they have experienced something traumatic. Safe, stable, nurturing relationships counteract the effects of toxic stress.

PARENTS WERE KIDS ONCE, TOO!

What happened to parents when they were children can affect their health now as adults. Parents’ memories of how they were raised can shape the way they raise their own children. Sometimes parents who have experienced ACEs have trouble when stressful situations occur. They might lose their temper more quickly or have more health problems, or they may struggle with depression. Many people, including parents, may use unhealthy ways to help calm down—yelling at partners or children, smoking, drinking alcohol, or using drugs. Parents can instead learn healthy ways to cope. Mental health treatment, physical exercise, exercises to help improve self-regulation and keep a positive mental attitude, meditation, and talking to peers can help parents protect their children from also having ACEs.

HELPING KIDS: STRONG AND HEALTHY PARENTS

Parents and other loving adults are very important in helping children practice resiliency. Parents need to take care of themselves before they will be able to help their children, similar to the instructions heard on an airplane—”Put on your own oxygen mask before assisting others.”

What does this mean?

• Identify your circle of support. Parenting is hard, especially when families have experienced difficult times. No one should try to do it alone. Who do you turn to for advice or help or just to talk about what’s going on in your parenting? Seek support from counselors, physicians, family and friends, faith communities, and others who can help you see what you are doing well and to connect you with more support when needed.
• Take care of yourself physically. Eat healthy, get enough sleep, practice an exercise routine, take care of your medical needs, and give yourself some child-free time to relax.
• Identify things you love to do and make time for them.
• Identify ways that help you calm down or handle stress when it happens. Take a walk, practice deep breathing, talk to friends, or meditate or pray.
• Take time to think about what happened in your own childhood and how it could be affecting you now. If this is difficult or painful, consider getting support from a counselor or simply ask someone you trust for help.

Once parents have found ways to stay healthy even in stressful times, they can provide support to their children. What does this support look like?
• Be a positive influence in your children’s lives. Your children need to know that you love them and believe in them. Ordinary things like playing together and spending time together can help with this.
• Learn about what you can and cannot expect from your children at different ages. Use this knowledge to plan your activities. For example, a 2-year-old is not going to be able to sit still for long. When you need to bring your children to the grocery store, involve them.
• “Do you see anything red?” “Please help me put the cans into the cart.” Or, if possible, consider going to the grocery store on your own, without your children, or going with a friend who can help.
• Model good behavior for your children. They look up to you and will try to do what you do.
• A good parenting practice is to stay as positive as possible. For example, give your children praise; try to notice the good things you see them doing each day.
• Be aware of what ACEs and other hard times can do to your children’s brain development and overall health. If something traumatic happens to your children or family, share that information with your pediatrician. Medical professionals can help you and your children get the support you need. The earlier you get support for your children, the easier it will be for them to heal quickly and continue living healthy and less stressful lives.

Source: Trauma Tool Box for Primary Care (© 2014 American Academy of Pediatrics). Project funded through a grant (UC4MC21534) from the Health Resources and Services Administration, Maternal and Child Health Bureau.
BUILDING RESILIENCE

Resilience is the capacity to rise above difficult circumstances, the trait that allows us to exist in this less-than-perfect world while moving forward with optimism and confidence.


Poverty and Child Health: How Pediatricians Are Helping

Growing up poor makes everything harder. For many children, being raised poor limits their ability to reach their greatest potential.

Today, 1 in 5 (about 15.5 million) children lives in poverty in the United States—23% are younger than age 5. The widest reach we have for kids younger than 5 is through pediatricians.

Screening for Economic Risk Factors

A pediatrician may ask a child, “Where does it hurt?” And now a pediatrician may ask the child’s parent, “Do you have difficulty making ends meet at the end of the month?” It is impossible for a pediatrician to know who needs help without asking.

Pediatricians can tell parents about the benefits they are eligible for, as well as home-visiting and early education programs that their community offers.

Pediatricians, both individually and through state chapters of the American Academy of Pediatrics, are also working for policies that support poor families.

This parenting book is written by Dr Ken Ginsburg, who is a pediatrician specializing in adolescent medicine at the Children’s Hospital of Philadelphia and a professor of pediatrics at the University of Pennsylvania School of Medicine.

Content includes videos and articles to help support children in developing skills that will make them stronger, happier, and more resilient.

Featured videos include

• The Greatest Gift You Can Give Your Child
• How to Be Like Lighthouses for Children
• Ignore Negative Hype about Teens
• Offering Boundaries and Being Role Models
• Protecting and Preparing Children for Life’s Lessons
• When to Give Your Child Praise

HealthyChildren.org/PovertyChild
The only Web site backed by 66,000 American Academy of Pediatrics (AAP) member physicians, HealthyChildren.org offers

- More than 5,000 articles on over 500 children’s health topics
- An interactive KidsDoc Symptom Checker
- An “Ask the Pediatrician” tool
- Easy-to-use search by keyword, topic, or age
- Tips, tools, schedules, checklists, and more
- Special offers and a free e-newsletter for registered users

Picked in *O, the Oprah Magazine* as the best pediatric health Web site!

**Additional Recognition**
- Webby Award Honoree
- Chicago Innovation Award Finalist
- EXCEL Gold Award
- Innovation of the Year Award
- EXCEL Award for Editorial Excellence (Spanish)

Visit [HealthyChildren.org](http://HealthyChildren.org) today!
Your Child’s Mental Health: When to Seek Help and Where to Get Help

Have you noticed a recent change in your child’s behavior? Is she having trouble getting along with friends? Is he failing school? Is this new behavior affecting your family?

If you are concerned, remember that your child’s doctor can help. Your child’s doctor may also suggest that your child see a mental health or behavioral specialist. Specialists include psychologists, clinical social workers, child psychiatrists, counselors, pediatric developmental-behavioral specialists, adolescent medicine specialists, child neurologists, nurse practitioners with advanced training in psychiatry, and alcohol and drug use specialists. They may be able to help with evaluation, testing, or treatment. Treatment includes counseling, education, or prescribing medicine. (In this publication, the term specialist will be used to refer to both doctors and other health care professionals who provide mental health services.)

Read on to learn more about when to seek help and where to get help if you are concerned about your child’s mental health. Also, learn about how to talk with your child about therapy and how to deal with insurance companies. The result can be less stress and greater happiness for you, your child, and your family.

SIGNS AND SYMPTOMS—KNOW WHEN TO SEEK HELP

Did you know that many parents do not get help when their children have behavioral problems? Parents may be afraid or embarrassed about their children needing any mental health treatment. Keep in mind that in order to help your child, your child’s doctor needs information about your child. Let your child’s doctor know if your child has one or more of the following signs or symptoms:

• Has poor or delayed language development
• Has problems listening or behaving
• Has trouble sitting still
• Is not able to concentrate
• Has trouble with friends and other children
• Is isolated from others or has no friends
• Is being bullied
• Is very moody (seems to always be sad, irritable, or grumpy)
• Is having sleep problems (can’t sleep well or sleeps too much)
• Is not eating well (eats too much or too little)
• Is often worried or afraid
• Is very shy and avoids people
• Has poor eye contact and social skills
• Can get very angry and violent
• Seems afraid of school
• Thinks about suicide
• Is extremely sad for no specific reason
• Uses alcohol or drugs
• Does things on purpose to get in trouble
• Is suddenly behaving differently
• Has not been doing as well in school or is failing classes
• Has lost interest in usual activities
• Has a family history of depression or other mental health issues

WHO IS AT RISK?
In the United States, 1 in 10 children and teens has serious emotional and behavioral problems. Many others have symptoms that may lead to problems that are more serious if not treated.

Almost always, no one is to blame for a child’s mental or behavioral problems. However, certain situations may increase a child’s risk for these problems, including
• Family stress such as a move, job loss, or birth of a baby
• Witnessing or experiencing a scary event such as injury of loved ones, fire, or natural disaster
• Chronic (long-term) sickness or medical condition in the child or other family member
• Grief and loss caused by death, parents separating, or divorce

• Remarriage and stepparenting
• Physical or sexual abuse, either within or outside the family
• Foster care
• Separation from loved ones who are in jail or serving in the military
• Problems with schoolwork
• A lot of peer pressure
• Any kind of bullying
• Alcohol or drug problem in the family
• Family history of depression or psychological problems

WHERE TO GET HELP
Your child’s doctor can help you choose the best type of care for your child. Also, it’s important that the whole family is involved and supportive.

Many types of specialists are available to help children and their families with mental and behavioral problems. With your permission, your child’s doctor can coordinate care to make sure that the needs of your child and family are met. It’s important that there is clear communication among everyone involved in your child’s health care. (See Importance of a Medical Home.)

Here is a list of mental and behavioral health specialists. License and practice requirements may differ from state to state.

• Clinical psychologists are licensed doctoral (PhD)-level specialists trained to diagnose and give psychological tests. They are trained to treat learning, behavioral, and emotional problems such
as depression, anxiety, and conduct disorders, and adjustment problems related to medical illnesses. Some have expertise in caring for children and teens.

- **Psychologists or mental health counselors** with a master’s degree are licensed specialists trained to give psychological tests. They also counsel individuals and families. In some states, they may be independently licensed to work and are known as psychologists. In other states, they may work only if supervised by a doctoral-level licensed psychologist or psychiatrist.

- **Child and adolescent psychiatrists** are medical doctors trained to diagnose and provide a full range of treatment for emotional and behavioral problems, as well as psychiatric disorders. They can prescribe medicine, if needed. Child and adolescent psychiatrists also have additional training in treating children, teens, and families.

- **School psychologists** are doctoral or master’s-degree specialists who work with children at school. They evaluate and counsel children with learning, emotional, and behavioral problems.

- **Licensed clinical social workers** are master’s- or doctoral-trained specialists who specialize in diagnosis and treatment of mental and behavioral health problems. They also counsel children and families. Licensed clinical social workers help families deal with physical, mental, or emotional illness and disability. They may teach problem-solving and coping skills and may assist families in linking to community resources.

- **Developmental-behavioral pediatricians** are trained to help children with developmental, learning, emotional, and behavioral problems. They help children and families manage problems caused by childhood illness or disability. Developmental-behavioral pediatricians can prescribe medicine, if needed, and typically work with other doctors and counselors to meet families’ needs.

- **Adolescent medicine specialists** are medical doctors with additional training in the care of teens and their families. They help teens and families with common teen problems such as eating disorders, alcohol and drug use, depression, anxiety, and attention-deficit/hyperactivity disorder.

- **Child neurologists** are licensed doctors trained to diagnose and treat children with problems of the nervous system. They assist in determining whether a child has a brain condition that affects learning and behavior and what treatment is best. Child neurologists can prescribe medicine and have experience prescribing medicines for brain conditions and behavioral problems.

- **Nurse practitioners with advanced psychiatric training** are advanced practice nurses specializing in diagnosis and treatment of problems with feelings and behaviors. They typically work with a psychiatrist. Nurse practitioners can evaluate your child, prescribe medicine if needed, and provide a full range of treatments for mental and behavioral problems.

- **Alcohol and drug use specialists** are trained to evaluate and treat alcohol and drug abuse problems in children, teens, and families. They may be physicians, psychologists, social workers, or counselors with special interest and training in addiction.

- **Other mental health professionals** include counselors, nurses with specialized training, and family therapists who have expertise in helping children and teens with mental health problems. They can also help families provide support and care for their children.
• **Community mental health resources** include mental health professionals and services offered through health departments, public mental health programs, religious organizations, nonprofit counseling agencies, colleges, and medical centers.

• **Family organizations and support groups** are local and national organizations offering a range of resources including brochures, books, or information posted on the Internet; public speakers and conferences; and support and advocacy groups.

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**HOW TO TALK WITH YOUR CHILD ABOUT THERAPY**

Your child may not want to see another doctor or counselor. She may feel fearful, embarrassed, or defensive about her problems (“It’s not my fault!”; “I’m not crazy, am I?”).

It’s important to talk with your child before his first visit to a new doctor or mental health or behavioral specialist. If your child’s doctor has made the referral, talk with your child about this at the doctor’s office or at home later. How much information your child needs and when you share it will depend on his age and maturity. A younger child will need only a little information, 1 to 2 days before the first appointment, to reduce “worry time.”

Your teen may need more information. Let her know that you are aware of her struggles. Also, tell her that counseling will make her life easier. For instance, she’ll get along better with friends and classmates and experience less stress, fear, and other symptoms. Make sure she knows that the doctor or counselor understands how important privacy is to her and will discuss this at the first visit.

It’s important that your child not feel that the problem is his alone or his fault. Let him know that the entire family will support him and help him get well. Sometimes counseling can and should begin with the entire family, not the child alone. This may be especially helpful if your child is resistant. In any case, it’s usually best to talk about the appointment as something that will happen; if you ask if he would “like to go,” he may feel he has the chance to refuse.

Tell your child that seeking help is a great sign of strength—it says, “I deserve to feel better.” Let her know that behavioral and mental health professionals don’t solve problems; instead, they build on people’s strengths, empowering them to manage their own problems.

**WHAT IF THE DOCTOR RECOMMENDS MEDICINE?**

Always talk with your child’s doctor and specialists about the risks and benefits of any treatment. Medicines, if necessary, should be part of a treatment plan that includes education and counseling for children and their parents. Children taking medicine should check in with the doctor often to make sure the treatment is working. Also, children should not stop taking their medicine—even if they don’t like the way it makes them feel—without first checking with their doctor.
WHAT WILL YOUR INSURANCE PAY?

It’s important that you know exactly how much your insurance company will pay. Your insurance plan may provide limited coverage for mental health services. It may help to ask your insurance company the following questions:

- Do I need a formal referral from my child’s doctor before the cost of the visit is covered? Or do I need approval through a separate process specifically for mental health services?
- Do I have to choose a doctor or counselor from an approved list? Does the list include professionals with expertise in children and their families?
- What is not covered?
- Is there a lifetime or annual limit for mental health coverage? If so, what is it?
- Exactly how much of the cost of mental health services will I need to pay?

WHAT ARE OTHER RESOURCES?

Your child’s doctor may suggest other resources if you don’t have health insurance, if your health care plan doesn’t cover mental health care, or if your health care plan doesn’t provide enough mental health coverage to meet your family’s needs.

In some communities, mental health centers or family service agencies charge based on what you are able to pay. Medicaid and the State Children’s Health Insurance Program (SCHIP)—publicly funded programs to cover the medical costs of low-income children—also cover some mental health costs. In some states and for some diagnoses, these or other funds may be available for mental health services not covered by your health insurance, even if you have private insurance.

If you have trouble getting or filling out a Medicaid or SCHIP application, ask your doctor’s office for help. For more information about Medicaid or SCHIP, contact the Centers for Medicare & Medicaid Services at 877/267-2323 or www.cms.hhs.gov.

Self-help organizations may also offer counseling and support to children and their families. These organizations operate drop-in centers and sponsor gatherings for group discussions on specific topics, such as alcohol or drug use or attention and learning problems. Your child’s school may have guidance.
Importance of a Medical Home

A medical home is a trusting partnership among you, your child, and your pediatric primary health care team. A medical home means that your pediatrician

- Knows your child’s health history
- Listens to your concerns and needs (as well as your child’s)
- Treats your child with compassion
- Has an understanding of your child’s strengths
- Develops a care plan with you and your child when needed
- Respects and honors your culture and traditions

Your pediatrician can help you and your child access and coordinate specialty care, other health care and educational services, in and out of home care, family support, and other public/private community services that are important to the overall well-being of you and your child. Visit the American Academy of Pediatrics National Center for Medical Home Implementation site at https://medicalhomeinfo.aap.org to learn more about the importance of a medical home for you and your family.

Counselors and other specialists with training in behavioral health evaluation and treatment. Clergy can also provide help. It’s important to talk about each of these options with your child’s doctor.

What about privacy?

The law protects your privacy related to mental health but allows your doctor to share information with other professionals involved in your child’s and family’s treatment.

In some cases, you will need to sign special forms authorizing the release of information. This may include medical, family, school, and social history records. You can decide whether to give out this information.

At a certain age (which varies by state), your child may legally consent to or refuse care. Your child’s doctor can help explain these laws and how they affect your child and family.

Remember

Parents and a child’s doctors play an important role in a child’s mental health care.

It’s common for parents and families to feel as if their child’s problems are their fault. Many people are also afraid or embarrassed about a child’s need for mental health treatment. While these feelings are normal, it’s important that you not blame yourself for your child’s problems. Your child’s doctor, along with one or more mental health or behavioral specialists, can help you better understand your child’s behavior. They can guide you and other members of your family to help in the healing process.

If you are separated or divorced, it’s important to make a plan for including the other parent in your child’s evaluation and treatment. Your child’s doctor will help you decide whether scheduling visits together or separately, sharing reports, or making phone calls can best do this.

It’s important for you to continue to talk with your child’s doctor and the specialist who is caring for your child. It’s also important that your child’s doctor is aware of all other care your child is receiving. Keep in mind that your child’s health information is kept private among health care professionals.

Parents and child’s doctors play an important role in a child’s mental health care.